

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G78200** (4)  
1. Corporation Name  
**ROSS-JO, INC.**



Principal Place of Business <b>350 NE 44TH STREET OAKLAND FL 33334-1444</b>	Mailing Address <b>350 NE 44TH STREET OAKLAND FL 33334-1444</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>350 NE 44th Street</b> Suite, Apt. #, etc. 22 City & State 23 <b>Oakland Park Fla</b> Zip 24 <b>33334</b> Country 25 <b>USA</b>		2b. Mailing Address 26 <b>350 NE 44th Street</b> Suite, Apt. #, etc. 27 City & State 28 <b>Oakland Park Fla</b> Zip 29 <b>33334</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>01/12/1984</b>	4. FEI Number <b>59-2375376</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Name and Address of Current Registered Agent <b>MINIMI, ROSS A. 1750 NW 99TH AVE PLANTATION FL 33322</b>		10. Name and Address of New Registered Agent			

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Don G. Minimi* DATE **2-11-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINIMI, ROSS A.</b>	1.2 NAME	
STREET ADDRESS	<b>1750 NW 99TH AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINIMI, JOANNE B.</b>	2.2 NAME	
STREET ADDRESS	<b>1750 NW 99TH AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Don G. Minimi* DATE **2-11-98** DAYTIME PHONE # **957-528578**

CR2E034 (10/97)